

REBECA SOSA THEATER RENTAL APPLICATION

Miami Springs Community Center

1401 Westward Drive

Miami Springs, FL 33166

Contact: Ralph E. Wakefield

305-884-6804

Applicant Contact Name: _____

Applicant Organization: _____

Type of Organization: ☐ Profit ☐ Non-Profit

Address: _____

Telephone: _____ Email Address: _____

Website: _____

Additional Contact Person: _____ Phone No. _____

Additional Contact Person: _____ Phone No. _____

Event Description: _____

Public or Private? _____

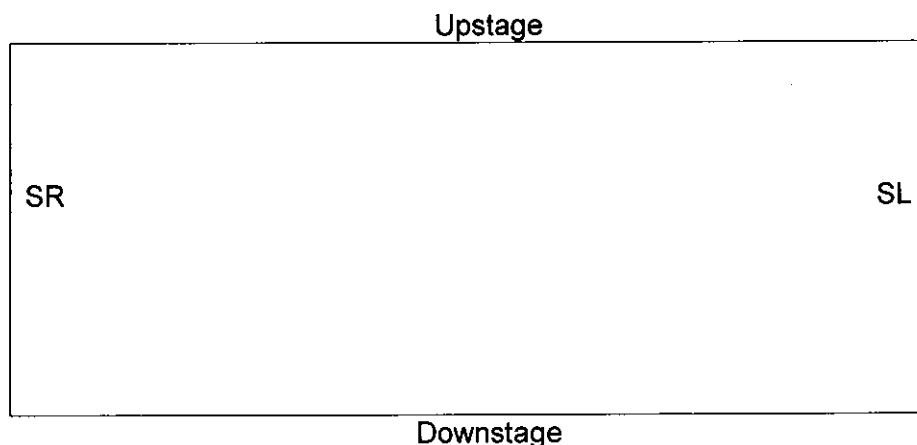
Food Served or Sold? _____ Alcohol Served or Sold? _____
(Must receive prior approval of Miami Springs Council)

Stage Load-In Date/Time	
Stage Load Out Date/Time	
Rehearsal Start Date	
Rehearsal Dates	From _____ to _____
Circle rehearsal days: M T W TH F S S	
Production Opening Date	
Production Run Dates	From _____ to _____
Circle performance days: M T W TH F S S	

Please check all that apply:

Theater Usage	Type of Event	Special Needs/Equipment
<input type="checkbox"/> Theater*	<input type="checkbox"/> Drama or Musical	<input type="checkbox"/> Stage Lighting
<input type="checkbox"/> Dressing Rooms	<input type="checkbox"/> Dance	<input type="checkbox"/> Microphones*
<input type="checkbox"/> Green Room	<input type="checkbox"/> Conference/Seminar	<input type="checkbox"/> CD Player
<input type="checkbox"/> Staging	<input type="checkbox"/> Multi Media	<input type="checkbox"/> DVD Player
<input type="checkbox"/> Lobby	<input type="checkbox"/> Fashion Show	<input type="checkbox"/> Screen
<input type="checkbox"/> Stage Manager*	<input type="checkbox"/> Film Screening	
<input type="checkbox"/> Lighting Technician*	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Sound Technician*		

Please show us how you would like the stage to be set up. We supply 4' X 4' platforms.



Number of Chairs in the Audience: _____

NOTE: CHECK FOR PAYMENT IN FULL IS DUE ONE WEEK IN ADVANCE.

Attach copy of proof of non-profit status and/or proof of insurance.

Completed By: _____

Print Name

Date: _____

*See attached Visiting Company Rental Schedule for fees.

FEE SCHEDULE

NON-PROFIT ORGANIZATIONS * :

- ☐ Monday through Sunday
Daily Fees * \$ 350.00 each day

** (Each daily fee is for 4-hours of use)*

- ☐ Hourly Fees..... \$ 50.00

(For each additional hour or part of an hour in excess of the 4-hours provided by the payment of the daily fee).

* Organization is required to provide proof of non-profit status and proof of special event insurance for each performance.

PROFIT ORGANIZATIONS * :

- ☐ Monday through Sunday
Daily Fees *\$ 450.00 + applicable sales tax

** (Each daily fee is for 4-hours of use)*

- ☐ Hourly Fees.....\$ 50.00 + applicable sales tax

(For each additional hour or part of an hour in excess of the 4-hours provided by the payment of the daily fee).

* Organization is required to provide proof of special event insurance for each performance.

REHEARSAL USAGE : ***(Either Profit or Non-Profit Organizations)***

- ☐ Daily Rehearsal Fees.....\$ 150.00 *

(Use for 3-hours)

- ☐ Hourly Fees.....\$ 50.00 *
(For each additional hour or part of an hour of use)

* Profit Organizations shall also be required to pay all applicable sales tax on amounts paid for use to City.

SOUND TECHNICIAN SERVICES:
(Either Profit or Non-Profit Organizations)

- ☐ Fee for each performance.....\$ 50.00 *
- ☐ Fee for each wireless microphone used
per performance.....\$ 10.00 *

* Profit Organizations shall also be required to pay all applicable sales tax on amounts paid for sound technician services and microphone usage fees.

LIGHTING TECHNICIAN SERVICES:
(Either Profit or Non-Profit Organizations)

- ☐ Fee for each performance.....\$ 50.00 *

* Profit Organizations shall also be required to pay all applicable sales tax on amounts paid for lighting technician services.

TOTAL FEES DUE: \$ _____